United Nations A/69/258

General Assembly

Distr.: General
5 August 2014

Original: English

Sixty-ninth session
Item 65 (b) of the provisional agenda*
Promotion and protection of the rights of children: follow-up to the outcome of the special session on children

Follow-up to the special session of the General Assembly on children

Report of the Secretary-General

Summary

The present report assesses the steps taken in 2013 to achieve a world fit for children, highlighting the gaps in achievement as well as the strategic shifts necessary to meet the unmet goals.

The report has been prepared in response to General Assembly resolution S-27/2, adopted at the twenty-seventh special session in 2002, and resolutions 58/282 and 61/272, in which the General Assembly requested the Secretary-General to report regularly on progress made in implementing the Plan of Action included in the annex to the resolution, entitled "A world fit for children".

* A/69/150.

14-58720 (E) 140814

Please recycle

I. Introduction

1. The present report provides the twelfth update on progress made in follow-up to the special session of the General Assembly on children, which took place in 2002. Delegations from 190 countries attended the session, adopting the Declaration and Plan of Action entitled "A world fit for children" (resolution S-27/2, annex). In doing so, Governments committed themselves to a time-bound set of goals for children and young people, with a particular focus on (a) promoting healthy lives; (b) providing quality education; (c) protecting children against abuse, exploitation and violence; and (d) combating HIV and AIDS.

2. In 2007, a commemorative plenary meeting on the commitments was held to review the progress made in implementing the Declaration and Plan of Action. In General Assembly resolution 65/1, entitled "Keeping the promise: united to achieve the Millennium Development Goals", Member States further committed to accelerating progress towards achieving the Goals.

3. There is much to celebrate as the twenty-fifth anniversary of the Convention of the Rights of the Child is celebrated, from declining infant mortality to rising school enrolment. The number of under-five deaths has fallen by nearly half, from 12.6 million in 1990 to 6.6 million in 2012, and the percentage of underweight children under 5 years old has declined from 28 per cent to 17 per cent. Maternal mortality has decreased dramatically, from 523,000 in 1990 to 289,000 in 2013.

4. Significant progress was achieved during 2013, but analysis shows that global averages often mask growing inequalities in key indicators, demanding immediate action. Despite significant progress in sanitation, 2.5 billion people do not have access to improved sanitation facilities, a decrease of only 7 per cent from the 2.7 billion in 1990. Globally, 34 million people were living with HIV at the end of 2011, approximately 3.3 million of whom were children younger than 15 years of age.

5. Throughout 2013, millions of children were affected by a range of sociopolitical crises, armed conflicts and natural disasters. They included the complex emergency in the Syrian Arab Republic, with its regional impacts; exacerbation of internal conflicts in the Central African Republic and South Sudan; the nutrition crisis throughout Africa; and the devastating typhoon in the Philippines. Armed conflict alone affected the lives of more than 250 million children under 5 years old.

6. Humanitarian situations undermine children's well-being, causing severe interruptions in their access to health, water and education services, and during conflict they expose children to grave violations of their rights. In the dozens of chronic humanitarian situations ongoing around the world, millions of children experience these conditions repeatedly, throughout their lives, severely limiting their ability to realize their potential.

II. Follow-up to the General Assembly special session on children

A. Planning for children

7. Estimates on global child poverty were produced for the first time in 2013, showing that 47 per cent of people living in extreme poverty were 18 years old or younger. The United Nations Children's Fund (UNICEF) is working in over 80 countries on child poverty analysis, including the development of the Multiple Overlapping Deprivation Analysis, a new tool to measure multidimensional poverty, which is initially being rolled out in 11 countries. In addition to its programmatic support in over 100 countries, UNICEF works with national partners in 31 countries to include social care and support services for children and families within social protection systems. The refocus on equity has translated into a leadership role for UNICEF, which is calling for inequalities to be specifically and boldly addressed throughout the post-2015 goals and framework.

B. Promoting implementation of the Convention on the Rights of the Child

8. As of mid-2014, the Convention on the Rights of the Child has been ratified or acceded to by 194 States, the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict has been ratified by 156 States and the Optional Protocol on the sale of children, child prostitution and child pornography has been ratified by 167 States. The third Optional Protocol to the Convention, on a communications procedure, entered into force in April 2014 and by 1 June had been ratified by 11 States. This new optional protocol provides a key procedural mechanism to the Committee on the Rights of the Child: it allows the Committee to receive and review communications on cases alleging violations of the rights of individual children or groups of children and to conduct country visits to investigate allegations of grave and systematic violations of children's rights.

9. Children with disabilities remain one of the most marginalized groups of children. The Convention on the Rights of Persons with Disabilities, which includes specific references to children, has been ratified by 147 countries as of mid-2014. In 2013 the General Assembly held a High-level Meeting on Disability and Development. It unanimously adopted a resolution on inclusion of persons with disabilities, with specific references to children.

C. Collaborating with partners and leveraging resources for children

10. In 2013, according to the latest statistics, members of the Development Assistance Committee of the Organisation for Economic Co-operation and Development provided $134.8 billion in net official development assistance. This represented 0.3 per cent of these countries' combined gross national income. While this represents an all-time high, it falls far short of the United Nations target level of 0.7 per cent. After two consecutive years of diminishing budgets, the figure represents an increase of 6.1 per cent compared to 2012. The recent trend of a decrease in the share of aid allocated to the poorest counties in Africa has continued.

In addition, non-grant aid is increasing at a higher rate than grant aid. For bilateral assistance, non-grant disbursements (including equity acquisitions) rose by 33 per cent from 2012, while grants (including loan forgiveness) rose by 7.7 per cent.

11. The number of Global Programme Partnerships has continued to grow, and their potential for maximizing reach and impact on children's rights is clear. These partnerships play a convening role in global arenas, leverage additional resources for children, provide better advocacy outreach and mobilize new players at the global, regional and country levels. They also provide new platforms from which to raise attention on critical issues for children who do not benefit from international attention.

D. Monitoring progress

12. Monitoring of child outcomes has been continuously strengthened by the UNICEF-supported multiple indicator cluster surveys. Over 240 surveys have been undertaken in 100 countries, and 59 surveys were completed during the fourth round in 2012. Preparations for the fifth round of surveys was completed in 2013, with the participation of 45 countries. The data from most of the surveys will be used for the final assessment of the Millennium Development Goals and as the baseline for the post-2015 goals and targets. The Multiple Overlapping Deprivation Analysis has analysed child poverty and disparities in more than 50 countries, leading to more child-focused policies and processes.

13. A new statistical website — http://data.unicef.org — was launched and will replace the childinfo.org website. It represents the most comprehensive resource available for data on the situation of children and women.

14. Great advances have been made in the ability to gather information on real-time delivery of services to those who need them most. Systems like uReport, a free SMS-based messaging system for young people, is now on a national scale in Uganda and is going to scale in Nigeria and Zambia. It allows young people to send in an SMS notification of need, such as about gaps in programme delivery or to help advocate for specific policy changes. EduTrack and similar systems allow for real-time collection of information from teachers and monitors using simple mobile phones. In Zambia, Project Mwanza has shortened the return time for infant diagnostic tests for HIV from 30 days (on paper, by road) to a few seconds (through a text message). It delivers thousands of these notifications to health clinics every month.

15. The Monitoring Results for Equity Systems was applied to systematically identify, track and address bottlenecks impeding results for the most disadvantaged children, in more than 80 countries in 2013, a marked increase from 30 countries in 2012. While the application of the monitoring system varies by country, its determinants framework is resulting in more strategic programmes and improved monitoring of results for children. Key to the successful use of the approach is linking it to countries' national and subnational planning and monitoring systems, engagement of partners and communities, and use of monitoring data to inform action for a greater focus on equity in results.

16. In 2013, the governance indicator framework for child protection systems was aligned with the Monitoring Results for Equity Systems and piloted in Indonesia,

the Philippines and a number of Pacific Island States, indicating that findings from robust evidence inform programming and policymaking.

E. Supporting participation and self-expression by children

17. Significant progress has been made in promoting child participation. The right of children to be heard in decisions that affect them has been realized in many contexts through diverse initiatives and social accountability mechanisms at the national and subnational levels, as well as through consultative policy, budgeting and legislative development processes. In addition, a growing number of countries legally recognize the principle of respect for the views of the child and have made efforts to incorporate the right to be heard in administrative and legal proceedings. However, the Committee on the Rights of the Child has expressed concern that implementation is inadequate and of low quality.

18. The full realization of children's participation rights continues to be hampered by cultural and discriminatory attitudes and practices and by political, legislative and economic barriers. In 2013, the Secretariat of the United Nations Permanent Forum on Indigenous Issues, UNICEF and the Global Indigenous Youth Caucus launched an adolescent-friendly version of the United Nations Declaration on the Rights of Indigenous Peoples, seeking to equip these marginalized adolescents to advocate for realization of their rights.

19. A number of efforts have been made to include the voices and recommendations of children in the post-2015 agenda. Globally, thousands of children and young people participated in online and face-to-face consultations between 2012 and 2013. Efforts by States parties to establish national or subnational child and youth councils or parliaments reflect their intention to strengthen children's participation in matters that affect them. There is also evidence of engagement by children and adolescents in programme development and policymaking processes.

20. Evidence suggests that children are increasingly contributing to the Convention reporting process. Debates on the post-2015 development agenda have contributed to further evolvement of the concept, expanding the discourse from "participation" to "accountability". This implies a shift in power in which citizens hold Governments responsible for their actions as duty-bearers. There are indications that social accountability initiatives contribute to an enabling environment for realization of children's rights, by influencing the quality of governance, improving transparency in delivery of public services or empowering communities with information on their rights.

III. Progress in the four major goal areas

A. Promoting healthy lives

21. The number of child deaths fell to an all-time low in 2012: an estimated 6.6 million deaths. About 40 per cent of these deaths occurred during the first month of life. The global under-five mortality rate has fallen by almost 50 per cent, from 90 deaths per 1,000 live births in 1990 to 48 per 1,000 in 2012. However, the

reduction in neonatal deaths still continues to lag the survival gains in older children, underscoring where further efforts need to be concentrated. That is why a road map and joint action platform for the reduction of preventable newborn mortality, Every Newborn Action Plan, was launched in July 2014 under the "Every woman, every child" movement.

22. Working with local and international partners, the Global Polio Eradication Initiative has reduced the incidence of polio by more than 99 per cent since its launch in 1988, and the number of countries with endemic polio has fallen from 125 to 3. At the end of 2013, endemic transmission remained only in Afghanistan, Nigeria and Pakistan. India was removed from the list of polio-endemic countries at the beginning of 2012 and the country was certified polio free early in 2014. In 2012, there were 223 polio cases in five countries; in 2013, there were 407 cases in eight countries. The increase in cases is in large measure due to increasing levels of insecurity.

23. According to the Child Health Epidemiology Reference Group of the World Health Organization (WHO) and UNICEF, 58,000 newborns died from neonatal tetanus in 2010, a 93 per cent reduction from the late 1980s. In 2013, five additional countries were validated as having eliminated the disease.

24. As of December 2013, 34 of the 59 priority countries have achieved that goal. In addition, maternal and neonatal tetanus have been eliminated in 18 states in India, in all of Ethiopia except the Somali region and in 29 of 33 provinces in Indonesia.

25. Measles remains one of the leading causes of death among young children, and more than 95 per cent of deaths occur in low-income countries with weak health infrastructure. Since 2000, more than 1 billion children in high-risk countries have been vaccinated against the disease through mass vaccination campaigns — about 211 million children in 2013 alone. Global measles deaths fell by 78 per cent over the period from 2000 to 2012. It is estimated that this intensification of measles vaccination averted 13.8 million deaths and reduced the number of cases from 562,400 to 122,000 annually.

26. Following the 2008 call by the Secretary-General for universal access to malaria interventions, distribution of life-saving commodities was rapidly expanded in sub-Saharan Africa, the region with the highest burden. In the period from 2001 to 2012, it is estimated that 3.3 million malaria deaths were averted, 90 per cent of them in children under 5 years of age in sub-Saharan Africa, primarily as a result of scaling up malaria interventions.

27. Of the 103 countries that had ongoing malaria transmission in 2000, 59 are meeting the Millennium Development Goal target of reversing the incidence of malaria. Of these, 52 countries are on track to reduce their case incidence rates by 75 per cent, in line with the World Health Assembly and Roll Back Malaria targets for 2015. However, these 52 countries account for only 4 per cent (or 8 million) of the total estimated 226 million malaria cases annually worldwide. International targets for malaria will not be attained unless considerable progress is made in the 17 countries with the highest burden, which account for an estimated 80 per cent of malaria deaths.

28. The Secretary-General's Global Strategy for Women's and Children's Health notes the inequitable access to life-saving medicines and health supplies by women and children around the world and calls on the global community, through multi-

stakeholder partnerships and the "Every woman, every child" movement, to accelerate action to address the major health challenges facing women and children. The United Nations Commission on Life-Saving Commodities for Women and Children, part of the "Every woman, every child" movement, addressed the challenges outlined in the Secretary-General's Global Strategy. In 2012 the Commission put forward 10 cross-cutting recommendations for scaling up access to 13 life-saving commodities by women and children. Since 2013, a number of Technical Resource Teams have been established and are carrying the Commission's recommendations forward at the global and national levels, and is coordinated by a United Nations multi-agency Reproductive, Maternal, Newborn and Child Health Strategy and Coordination team.

29. In 2013, one in four children under the age of 5 across the globe had stunted growth, despite overall positive trends. Between 2000 and 2012, stunting prevalence declined globally from 33 per cent to 25 per cent, and the number of children affected fell from 197 million to 162 million. In 2012, 56 per cent of all stunted children lived in Asia and 36 per cent in Africa. Inadequate quality and frequency of infant and young child feeding is a major contributor: globally, less than 40 per cent of infants are exclusively breastfed, and less than half benefit from breastfeeding within the first hour of birth. An estimated 190 million children suffer from vitamin A deficiency and 293 million from anaemia. Children in 24 per cent of all households worldwide do not receive sufficient iodine, a necessary nutrient for brain development. The prevalence of anaemia is 48 per cent in pregnant women and 30 per cent in non-pregnant women, with the highest prevalence in Africa and South-East Asia.

30. The Scaling Up Nutrition Movement, which unites Governments, civil society, businesses and citizens, is the unifying focus for the global nutrition community in supporting nationally driven processes to reduce stunting and other forms of malnutrition. Since it was launched in 2010, 50 countries have joined. Each is working to increase people's access to affordable, nutritious food and to protect, promote and support exclusive breastfeeding up to 6 months of age and continued breastfeeding, together with appropriate and nutritious food, up to 2 years of age or beyond. They are also addressing other determinants of nutritional status, such as clean water, sanitation, health care, social protection, provision of a stimulating environment and initiatives to empower women. Partners in this work are the SUN United Nations system network, the United Nations system Standing Committee on Nutrition and the United Nations Reproductive, Educative and Community Health programme (REACH). The United Nations system network links normative and policy work with country-level coordination in support of national nutrition plans and joint United Nations efforts.

31. Among 50 countries with available trend data, 40 have posted gains in exclusive breastfeeding rates since 1995. Of those countries, 18 experienced increases of 20 per cent or more, illustrating that substantial improvement can be made and sustained through implementation of comprehensive, at-scale strategies. Yet globally, only 55 per cent of children aged 6 to 8 months receive timely introduction of solid, semi-solid or soft foods. Evidence from a few countries indicates that dietary quality and diversity are major issues.

32. Today, children in three quarters of households globally consume adequately iodized salt, protecting them from iodine-related brain damage. However,

consumption is not uniform across the regions. For example, only 50 per cent of households in the West and Central African region consume adequately iodized salt compared to over 90 per cent in East Asia and the Pacific.

33. Flour fortification remains an important tool to reduce folic acid and iron deficiencies and help prevent birth defects by improving levels of iron in women of childbearing age. In coordination with partners, alliances have been established among Governments and international agencies, the wheat and flour industries, and consumer and civic organizations. Currently, 78 countries fortify wheat flour, comprising 34 per cent of all flour produced. Home fortification using micronutrient powders, a relatively new and promising intervention to improve iron status and diet quality among children, has been scaled up in 62 countries. As of 2013, 16 countries are implementing it on a national scale.

34. Integrated child health events continue to assure high coverage of vitamin A supplementation in developing countries. Globally, 70 per cent of children aged 6 to 59 months were fully protected with the requisite two annual doses of vitamin A in 2013. In the countries of West and Central Africa over 80 per cent of children receive the two doses. While less than half of all reporting countries achieved the recommended levels of 80 per cent coverage in 2012, one half of all countries reporting high coverage were in sub-Saharan Africa.

35. Over the last two decades the water and sanitation sector has made significant progress. Between 1990 and 2012, 2.3 billion people gained access to an improved drinking water source, and almost 2 billion to improved sanitation facilities. The latest data show that 130 countries have met the Millennium Development Goal target for drinking water and 84 countries have met the sanitation target. However, more than 700 million people still lack access to improved drinking water, and challenges remain with regard to safeguarding the sustainability and safety of drinking water.

36. Globally, 2.5 billion people still lack access to improved sanitation, and 1 billion of them practice open defecation. If current trends continue, there will still be 2.4 billion without access to improved sanitation in 2015, and the world will miss the Millennium Development Goal target by more than half a billion people. In 46 countries, mostly in sub-Saharan Africa and South Asia, less than half the population has access to improved sanitation. Further, 82 per cent of the population practicing open defecation live in just 10 countries. Nevertheless, open defecation has declined in all developing regions, from 31 per cent in 1990 to 17 per cent in 2012.

37. Among the countries that have made good overall progress, national averages often hide significant disparities between rural and urban areas and between the rich, poor and marginalized. Between 1990 and 2012 for example, 72 per cent of the 1.6 billion people gaining access to piped water on premises (the highest standard) lived in urban areas; and 90 per cent of the global population that still rely on untreated surface water live in rural areas. Similarly, 70 per cent of the population without access to improved sanitation live in rural areas, as do 90 per cent of the population practicing open defecation.

38. In the last decade compelling evidence has emerged on the importance and impact of the child's early years on his or her entire future. Yet at least 200 million children under 5 years of age fail to reach their potential in cognitive and

socioemotional development because of four causes: malnutrition that leads to stunting; iodine and iron deficiencies; and inadequate stimulation. Recent research emphasizes the importance of these risks. It also strengthens the evidence for other risk factors including intrauterine growth restriction, malaria, lead exposure, HIV infection, maternal depression, institutionalization and exposure to societal violence. In addition, the research identifies protective factors such as breastfeeding and maternal education.

39. For the first time, in 2013, early childhood development reporting was made possible through the Holistic Early Childhood Development Index. It indicates that globally only 63.6 per cent of children under 5 years of age are developmentally on track. The number for the poorest children is much lower: only 58.1 per cent are on track. Across the 31 countries analysed as part of the fourth round of multiple indicator cluster surveys, only one fifth (20.8 per cent) of young children have access to early childhood education programmes. In addition, many young children with disabilities and developmental delays remain unidentified and invisible, failing to receive rehabilitation services during the critical years.

40. Also in 2013, the Care for Child Development package was rolled out through an inter-agency agreement with global partners. The International Paediatric Association adopted a resolution endorsing this model, and 16 inter-agency partners endorsed a resolution on the package, pledging support in technical expertise, coordination and financial resources to enhance roll-out efforts. Additionally in 2013, UNICEF launched the global Early Childhood Peace Consortium to address the needs of young children and their families in conflict and post-conflict settings and to promote peacebuilding. Early in 2014, UNICEF spearheaded a global discussion on translating into practice and programming the latest neuroscientific evidence on brain development, which has profound implications for early childhood development.

B. Providing quality education

41. The commitment to provide quality education was made nearly 25 years ago, at the first Education for All Conference (Jomtien, Thailand) and was reinforced through Millennium Development Goals 2 and 3. It is now clear that these Goals will be missed by a wide margin. Although the number of children out of school was cut in half between 1999 and 2011, over 57 million children of primary-school age still remain out of school. More than half of them are in sub-Saharan Africa, where the primary net enrolment rate increased to 77 per cent in 2011 from 58 per cent in 1990, but there has not been any appreciable gain since 2007. South and West Asia had the highest gains in reducing the number of children out of school, contributing more than half the total reduction. However, the region's primary net enrolment rate stands at 89 per cent, leaving over 12 million children out of school.

42. Progress in guaranteeing that children stay in school has also stalled since 2009, when primary completion rates peaked at about 90 per cent for developing countries as a whole. Estimates show that a quarter of all out-of-school children enter school late and become more likely to drop out, and that another quarter drop out before completing basic education. Dropout rates are highest in sub-Saharan Africa and South Asia, where only 70 per cent and 88 per cent, respectively, reach the last grade of primary school.

43. About half of the children out of school are living in conflict-affected countries, an increase from 42 per cent in 2008. Of these children, 95 per cent live in low- and lower-middle-income countries, and 55 per cent of the total affected are girls. Many children do not go to school owing to inherent disadvantages, such as disabilities. The estimated number of children with disabilities ranges from 93 million to 150 million, and many of them are likely to be denied a chance to go to school.

44. Inequities in education persist, based on factors such as gender, poverty, location and deeply ingrained social and cultural barriers. Often, the most disadvantaged children are those facing compound barriers and subtle and hidden forms of social exclusion. One of the most disadvantaged groups are girls — over 31 million are out of school, half of whom are expected never to enter school. An estimated 73 per cent of girls who are out of school live in sub-Saharan Africa and South and West Asia. Estimates show that, given the current trend, boys from rich families should reach universal primary education by 2030 in 56 of 74 low- and middle-income countries, compared to only 7 countries for girls from poor families. In sub-Saharan Africa, the richest boys will achieve universal primary completion in 2021, while the poorest girls will not do so until 2086.

45. Similar patterns of disparities persist at the secondary education level, often on a greater scale, given that it still remains neither free nor compulsory in many countries. Between 2000 and 2011, lower secondary completion rates increased by 66 per cent in low- and middle-income countries, with most progress in the East Asia and Pacific region, where rates doubled to 99 per cent. In sub-Saharan Africa, however, the completion rate is only 26 per cent. The transition from primary to lower secondary school is particularly difficult for girls, with only about 56 per cent of countries expected to achieve gender parity in lower secondary education by 2015.

46. The most pressing agenda facing achievement of education for all is addressing the learning crisis that has resulted from lack of attention to true measures of the quality of education and failure to reach the most disadvantaged children. Globally, an estimated 250 million of 650 million primary-school-age children are not acquiring even the most basic literacy and numeracy skills. Of these, 130 million are in school, suggesting serious gaps in the quality of education. According to the *Education for All Global Monitoring Report 2013/2014*, this translates into a loss of an estimated $129 billion a year. A total of 37 countries are losing at least half the amount spent on primary education because children are not learning. Reasons for low levels of learning are numerous and systemic, ranging from an insufficient number of qualified teachers to inadequate materials and infrastructure and lack of appropriate standards and tools to identify, measure and promote learning. Disadvantaged children are the most likely to suffer from reduced learning achievement, as their learning is impeded by factors such as limited access, chronic malnutrition, poor health and discrimination.

47. A key strategy to facilitate children entering school at the right age, remaining in school and learning is to provide access to quality pre-primary education, which fosters a strong foundation in the early years. Since 2000, pre-primary education has expanded considerably, from a gross enrolment ratio of 33 per cent in 1999 to 50 per cent in 2011. However, half the children aged 3 to 6 remain unreached, and progress has been unevenly distributed: only 18 per cent of children in sub-Saharan Africa

and 17 per cent in other low-income countries are enrolled in some form of pre-primary education. A wide gap in enrolment rates also exists between rich and poor children, owing to limited government provision and the cost of private pre-primary education. Thus, expanding quality pre-primary education is one of the most critical responses to tackling the dual challenges of equity and learning.

48. Reaching the remaining out-of-school children requires a concerted effort to improve systems and services and to tackle the diverse, often deeply ingrained barriers to quality education faced by marginalized children. It is also important for these children to enter school at the right age, which increases their chances of completing school and learning. This calls for investments in innovative solutions and a focus on measuring and promoting learning achievement. The gender equality components of the Millennium Development Goals also necessitate the access of girls to safe and protected schooling environments, free of discrimination and violence, all of which continue to be critical challenges. Unlocking the potential of teachers who are trained, motivated and supported by strong education systems can greatly enhance their ability to identify children in need and support their learning. Appropriate curriculum and assessment systems can also support teachers in devoting attention to the success of children in the early grades, when the most disadvantaged are at highest risk of dropping out.

49. Insufficient financing may be another major obstacle to achieving the goals of quality education for all. Overall commitments to basic education dropped by 35 per cent between 2009 and 2011, which resulted in a 16 per cent reduction in disbursement to basic education between 2009 and 2012. This brought overall aid to education back to the 2008 level, and aid reductions are expected to continue in coming years. Globally, there is a financing gap of $26 billion in achieving quality basic education by 2015. In humanitarian situations, education receives only 1.4 per cent of all humanitarian aid. To provide for continued progress, increased external and domestic resources for education are vitally needed, as well as more diversification of funding and more attention to efficiency and equity.

50. The role of the Global Partnership for Education is ever more critical in mobilizing political support and resources and bringing partners into focused efforts to achieve equitable, quality learning for all. UNICEF will continue to be a key partner, both through engagement and leadership in the Board of Directors and through country-level coordination and implementation of programmes to advance strategic priorities.

51. Through the Secretary-General's Global Education First Initiative, the final push for progress by 2015 also continued in 2013, including through Learning for All Ministerial Meetings, Education Cannot Wait campaigns and mobilization of the Initiative's Youth Advocacy Group. The United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNICEF have led the worldwide consultations on the post-2015 agenda in education, which is reinforcing the need to focus on learning and equity and for expansion of attention to include pre-primary and secondary education. Global efforts to advance the "access plus learning" agenda are becoming more prominent, through strategic engagements in key partnerships such as the global Learning Metrics Task Force.

52. In 2013, the growing number and scale of conflicts and natural disasters affected millions of children in the Central African Republic, Mali, the Philippines, South Sudan and the Syrian Arab Republic and neighbouring countries, among

others. Through the efforts of UNICEF, close to 3.6 million children were able to access formal and non-formal education opportunities in safe, protected spaces. Emergency response through advocacy, preparedness planning, risk assessments and back-to-school campaigns at various levels will continue to be supported. UNICEF will also continue its leadership in 57 country-level education clusters and in the Global Coalition to Protect Education from Attack.

C. Protecting against abuse, exploitation and violence

53. Governments are increasingly evaluating their child protection systems and prioritizing areas that need strengthening. By the end of 2013, 104 countries had clarified the nature of their systems and areas requiring attention, and 74 of them now have results reflected in government budgets, policy papers or legislation, which will benefit approximately 690 million children. For example, in 2006, 35 countries had an alternative care policy; by 2013, this had risen to 62 countries, providing scope to protect potentially 455 million children. In 2013, 51 countries addressed policies, legislation and strategies. The result was passage of at least 12 important national laws related to justice for children, potentially affecting 410 million children.

54. There is now greater understanding of the dynamics of social norms that result in violence, exploitation and abuse and of what works to promote positive norms that seek to end harmful practices. In the 2013 report of the Special Representative of the Secretary-General on violence against children it was noted that since 2006 there has been an increase of almost 50 per cent in the number of countries with policies in place to prevent and address violence.

55. Global attention was further enhanced through the launching of the #End Violence against Children initiative. Formal launches were held in more than 60 countries and social media actions took place in over 190 countries.

56. More than three years into the Secretary-General's campaign for universal ratification of the Optional Protocols to the Convention on the Rights of the Child, national commitment to end child sexual abuse and exploitation is sustained across all regions. The Optional Protocol on the sale of children, child prostitution and child pornography has been ratified by 86 per cent of all States Members of the United Nations, with four more ratifications in 2013. The Optional Protocol on the involvement of children in armed conflict has been ratified by 80 per cent of the Member States, with two more ratifications in 2013.

57. While new global estimates show that child labour has declined by one third since 2000, worldwide approximately 168 million children aged 5 to 17 years still remain engaged in this practice. Scaling up interventions to eliminate child labour remains a key priority. In 2013, UNICEF issued a revised global framework on child labour, which seeks to improve understanding of its underlying causes and to address the links between those causes.

58. The Joint Programme on Female Genital Mutilation and Cutting, co-sponsored by the United Nations Population Fund (UNFPA) and UNICEF, marked its fifth year in 2013. An estimated 2,538 communities in 8 countries now adhere to public declarations to abandon that practice. Also in 2013, UNFPA and UNICEF launched the most comprehensive analysis on female genital mutilation and cutting to date

and released an evaluation report on the Joint Programme. Recommendations were disseminated globally to a wide variety of stakeholders and informed the refinement of the programmatic strategy for a second phase (2014-2017).

59. To generate results at scale and invigorate the global movement to end child marriage, UNICEF is intensifying efforts in eight countries with medium to high prevalence rates that are poised to make progress. These efforts help buttress the wider United Nations response that includes UNFPA, UN-Women, WHO and the World Bank, among others. Further, the Human Rights Council and the General Assembly adopted procedural resolutions on child marriage, calling for a report of the Secretary-General on child, early and forced marriage and a debate at the sixty-ninth session of the General Assembly.

60. In 2013, UNICEF responded to the protection needs of children in more than 50 countries affected by armed conflict and natural disasters. These included three large-scale (Level 3) emergencies, in the Central African Republic, the Philippines and the Syrian Arab Republic. Global estimates indicate that 13,500 children separated during armed conflict or natural disasters were reunited with their families during the year. Approximately 2.5 million children were able to access safe community spaces for socializing, play and learning. More than 7,360 children associated with armed forces or groups were reunited with their families and reintegrated into their communities. In addition, approximately 30,000 women and children who had experienced gender-based violence were reached, of whom 30 to 40 per cent were children, the majority of them girls.

D. Combating HIV and AIDS

61. Globally, an estimated 35.3 million people (32.2 million-38.8 million) were living with HIV in 2012. Approximately 2.1 million (1.7 million-2.8 million) of them were aged 10 to 19, of whom 57 per cent were female. There were about 2.3 million (1.9 million-2.7 million) new HIV infections globally, of which 260,000 were in children under 15 years of age. About one third of all new infections (780,000) occurred among young people aged 15 to 24 years, and of these 300,000 were among adolescents aged 10 to 19.

62. Steadily expanding coverage of the most effective antiretroviral medicines, together with new approaches to providing them, offer hope for meeting the goals of the Global Plan towards the Elimination of New HIV Infections in Children by 2015 and Keeping Their Mothers Alive. This effort also contributes to the broader maternal and child survival goals of the *2012 Progress Report on Committing to Child Survival: A Promise Renewed*, under the umbrella of the "Every woman, every child" movement. In the 22 countries with the highest rates of mother-to-child transmission of HIV, overall mother-to-child transmission rates have declined, from an estimated 26 per cent in 2009 to 17 per cent in 2012. The number of children under age 15 who were newly infected in those countries fell by 36 per cent, from 360,000 in 2009 to 230,000 in 2012. In that period, seven countries halved new HIV infections among children. The vast majority of new HIV infections among children from birth to 14 years were in Eastern and Southern Africa (130,000) and West and Central Africa (98,000), with many fewer in South Asia (15,000) and East Asia and the Pacific (7,900). All other regions reported fewer than 3,000 new infections each in 2012.

63. One of the core targets of the Global Plan is to provide antiretroviral therapy to 90 per cent of the world's pregnant women living with HIV by the end of 2015. This goal is now within reach. In the 22 Global Plan countries with the highest rates of mother-to-child transmission, 62 per cent of pregnant women living with HIV received prophylaxis in 2012, compared with 57 per cent in 2011.

64. While new HIV infections among children are falling faster than at any other time in the history of the epidemic, the pace will have to be accelerated to achieve the 2015 target of a 90 per cent reduction compared to the 2009 baseline. While, as noted, the overall coverage of antiretroviral therapy for prevention of mother-to-child transmission in low- and middle-income countries reached 62 per cent in 2012, there was considerable variation across regions. In Eastern and Southern Africa, where the HIV burden is greatest, three quarters of pregnant women have access to that therapy. In Central and Eastern Europe and the Commonwealth of Independent States, coverage is reported as very high (greater than 95 per cent), as it is in Latin America (88 per cent) and the Caribbean (58 per cent to 95 per cent).

65. Globally, inequities persist in coverage and access to HIV and health services for children and pregnant women living with HIV. The Monitoring Results for Equity Systems has identified barriers faced by women and their partners and infants, including access to early infant diagnosis and better treatment formulations, retention in antiretroviral therapy services and appropriate support to promote exclusive breastfeeding. While global data on antiretroviral therapy coverage during the breastfeeding period are limited, it is estimated that in 2012 nearly half of mothers in 21 Global Plan countries in Africa did not receive treatment during the breastfeeding period. Up to about half of all new infections in children in sub-Saharan Africa are estimated to have occurred as a result.

66. The pace of scaling up access to antiretroviral therapy for children under 15 years is only half that of adults. For children, access increased 14 per cent from 2011 to 2012, compared to 20 per cent for adults. In low- and middle-income countries, overall antiretroviral therapy coverage for children under age 15 has consistently been around half that for adults — 34 per cent for children compared to 64 per cent for adults in 2012. Only 39 per cent of children in low- and middle-income countries were estimated to have access to early infant HIV diagnosis testing within the recommended two months of birth in 2012. In low- and middle-income countries, only 58 per cent of pregnant women living with HIV received antiretroviral therapy for their own health in 2012, compared with an estimated 64 per cent of all adults who received antiretroviral therapy that year.

67. Alarming new data published in December 2013 in the *Sixth Stocktaking Report on Children and AIDS* show that AIDS-related deaths have increased in the past seven years among children aged 10 to 19 years — the only age group registering a growing death rate. While AIDS-related deaths overall have dropped by 30 per cent globally since 2005, among adolescents they have increased by 50 per cent. In 2012, over 90 per cent of those AIDS-related deaths among adolescents (97,000 of 110,000) occurred in sub-Saharan Africa. They include both adolescents who were infected through mother-to-child transmission and older adolescents —primarily girls — who were infected through sexual transmission early in adolescence.

68. Coverage of HIV testing and counselling is low among adolescents, especially among at-risk populations in most parts of the world. While access and coverage

vary greatly by country, survey data from 2008-2012 in sub-Saharan Africa indicated that fewer than one in five girls aged 15 to 19 were aware of their HIV status.

69. In 2012, approximately two thirds of new HIV infections in adolescents aged 15 to 19 affected girls, mainly in sub-Saharan Africa. In three countries in this region more than 80 per cent of adolescents aged 15 to 19 years who were newly infected with HIV in 2012 were girls: Gabon (89 per cent female), Sierra Leone (85 per cent female) and South Africa (82 per cent female).

70. Worldwide, disproportionately high rates of HIV prevalence are reported among adolescent males who have sex with other males, adolescents who inject drugs and sexually exploited adolescents. According to one of the few reports on the subject, more than 95 per cent of new HIV infections in adolescents in Asia and the Pacific were reported to occur in adolescents belonging to "key populations" — people whose behaviours put them at considerable risk of HIV infection and whose young age renders them particularly vulnerable. In Pakistan, where injecting drug use is a key driver of the epidemic, studies indicate that HIV prevalence more than tripled between 2005 and 2011, from 11 per cent to 38 per cent.

71. Social protection has already proved to have an impact not only in supporting children and families already affected by HIV but also in preventing HIV and improving treatment and care outcomes. Social protection programmes, particularly cash transfers, appear to be rapidly expanding, with some estimates suggesting the number has doubled in Africa — from 120 programmes implemented between 2000 and 2009 to about 245 programmes in 2012. In 2012 alone, cash transfer programmes received an estimated $10 billion in support. However, efforts to address the needs of children living with HIV or living in households affected by HIV through comprehensive protection, care and support interventions have not achieved broad coverage. Economic and psychosocial support is particularly important for the estimated 17.8 million children (16.1 million-21.6 million) who have lost one or both parents to AIDS.

72. For the first time in the history of the HIV epidemic, the global community has accumulated the knowledge, experience and tools to achieve an AIDS-free generation. That means a generation in which all children are born free of HIV and remain so for the first two decades of life, from birth through adolescence, and that children living with and affected by HIV have the treatment, protection, care and support they need to survive and thrive.

IV. The way forward

73. The post-2015 development agenda will provide the framework for global development priorities for the coming decades. This is a once-in-a-generation opportunity to define a world that is fit for all children and to demonstrate the centrality of children in all aspects of sustainable development. For over a decade, the Millennium Development Goals have been a powerful and unifying force in pursuing global development objectives. However, they have fallen short in three critical areas for children: participation and inclusion in creating and implementing the new framework; addressing inequalities and promoting equity; and child protection. Formulation of the sustainable development goals provides an opportunity to address these challenges decisively.

74. The implementation of newly approved strategic plans and global initiatives for the period 2014-2017 for the United Nations system — UNICEF, the United Nations Development Programme, UNFPA, UN-Women, the Joint United Nations Programme on HIV/AIDS, UNESCO, WHO, the World Food Programme and others — also has the potential to drive significant change. Each of these entities addresses issues that shape the lives of children, and the fact that many are putting more and more emphasis on equity is increasing the momentum to improve the lives of the most disadvantaged citizens, especially children. Furthermore, the quadrennial comprehensive policy review is helping these organizations and other parts of the United Nations system operate more effectively and efficiently, including by promoting joint work and leveraging synergies across the organizations.